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CONFIRMATION NO. 4730

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|---|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/073,160  | <b>FILING OR 371(c) DATE</b><br>02/13/2002<br><b>RULE</b>   | <b>CLASS</b><br>514                | <b>GROUP ART UNIT</b><br>1626   | <b>ATTORNEY DOCKET NO.</b><br>04734.0003 |
| <b>APPLICANTS</b><br>Hartmut Strobel, Liederbach, GERMANY;<br>Paulus Wohlfart, Bensheim, GERMANY;<br>Alena Safarova, Tucson, AZ;<br>Armin Walser, Tucson, AZ;<br>Teri Suzuki, Tucson, AZ;<br>Karl Schonafinger, Alzenau, GERMANY;   |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b>   |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 01 102 850.3 02/13/2001  |   |                                    |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/11/2002</b>  |   |                                    |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>Examiner's Signature</u><br>Acknowledged <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>23                |
|   |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>1           |
| <b>ADDRESS</b><br>005487  |   |                                    |   |  |
| <b>TITLE</b><br>ACYLATED INDANYL AMINES AND THEIR USE AS PHARMACEUTICALS  |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>2644  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |